



"Keane, Benjamin" <bkeane@mckennalong.com> on 11/01/2012 12:25:46 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: Form 9 - New American Energy Opportunity Foundation

To whom it may concern,

The attached FEC Form 9 is sent on behalf of the New American Energy Opportunity Foundation by Mr. Stefan C. Passantino.

Sincerely,
Ben Keane

Benjamin P. Keane | Associate
McKenna Long & Aldridge LLP
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Tel: 404-527-4376 | Fax: 404-527-4198 | bkeane@mckennalong.com

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NAEOF FEC Form 9 Filing 11-1.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

New American Energy Opportunity Foundation

(b) Address (number and street) check if different than previously reported

15601 North Dallas Parkway, Suite 900

(c) City, State and ZIP Code

Addison, TX 75001

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement New
or
 Amended

4. Covering Period

10 / 31 / 2012

through

11 / 06 / 2012

5. (a) Date of Public Distribution(s) 10 / 31 / 2012 (b) Communication Title Energy Independence Issue

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Martin V. Fleming

(b) Address (number and street)

15601 North Dallas Parkway, Suite 900

(c) City, State and ZIP Code

Addison, TX 75001

(d) Name of Employer or Principal Place of Business

New American Energy Opportunity Foundation

(e) Occupation

President

9. Total Donations This Statement

\$140,478.00

10. Total Disbursements/Obligations This Statement

\$140,478.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stefan C. Passantino

SIGNATURE



DATE

11/1/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Martin V. Fleming	(e) Occupation President
	(b) Address (number and street) 15601 North Dallas Parkway, Suite 900	
	(c) City, State and ZIP Code Addison, TX 75001	
	(d) Name of Employer or Principal Place of Business New American Energy Opportunity Foundation	
B.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Sheldon G. Adelson Mailing Address of Donor 3355 Las Vegas Boulevard South City State Zip Las Vegas, NV 89109</p>	<p>Date of Receipt 10 / 12 / 2012 Amount \$140,478.00</p>
<p>B. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y Amount</p>
<p>C. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y Amount</p>
<p>D. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y Amount</p>
<p>E. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>\$140,478.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>\$140,478.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Marketel Media, Inc.				Date of Disbursement or Obligation 10 / 30 / 2012	
Mailing Address of Payee 33175 Temecula Parkway, Suite A203				Amount \$140,478.00	
City State Zip Code Temecula, CA 92592		Communication Date 10 / 31 / 2012			
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s)) Production and Placement of Radio Ad - "Energy Independence Issue" (Ohio)			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation _____ / _____ / _____	
Mailing Address of Payee				Amount _____	
City State Zip Code		Communication Date _____ / _____ / _____			
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
SUBTOTAL of Disbursements/Obligations This Page (optional)				\$140,478.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				\$140,478.00	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>11/1/2012</i>
<i>OK</i> PREPARER	<i>11/1/2012</i> DATE PREPARED